

SC Department of Disabilities and Special Needs

FACILITY USE APPLICATION

Please read the attached before completing this form.

1. Name and address of organization_____
2. Name of responsible contact person_____
- Business Number_____ Home Number_____
3. Facility or area requested_____
4. Date(s) of intended use_____
5. Hours of intended use_____
6. Purpose of use_____
7. Age range of participants_____
8. Number of participants: Children_____ Adults_____
9. Special arrangements needed_____
10. Opportunity for participation by people residing at the facility_____
11. Evidence of liability insurance_____
- Name of Company_____
- Policy Number_____

I hereby affirm that I have read and do understand the guidelines for the use of Departmental facilities and that I have or will convey these guidelines to all members of my group who will participate and use the facility as above requested. Further, on behalf of my group, I hereby promise to save harmless the South Carolina Department of Disabilities and Special Needs from all liability for any injury that may occur to any member(s) of my group while using the facilities of the Department of Disabilities and Special Needs.

Organization

Signature/Date

Above use Approved_____

Disapproved_____

Facility Administrator Signature/Date _____